N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Go	PLACE OF DEATH Sunty Queen Clean (1)	STATE OF MARYLAND CERTIFICATE OF DEATH
VII	llage or City Hye miles (No.	Registration Dist. No. [If death occurred in a hospital or institution,
	*FULL NAME Mabel Elizabrick	Bealah give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	EX COLOR OR RAGE Single, Bruges Marrieo, Widoweb, ORDIVORCED (Write the word)	16 DATE OF DEATH July 6 ,1915 (Month) (Day (Year) 17 M I HEREBY CERTIFY, That I attended deceased from
	Month) (Day (Year)	that I last saw here allve on Juby 6, 1915
7 A	27 yrs 6 ds. 0R min.?	and that death occurred on the date stated above, st 7.40 0, m, The CAUSE OF DEATH* was as follows:
(1	OCCUPATION 1) Trade, profession, or Fublic School Leacher articular kind of work	Neuhi bardiae Deletakon
bu) General nature of Industry, siness, or establishment in sich employed (or employer)	(Ouration) Tree wos. ds.
	10 NAME OF PATHER PLANTED TO STATE OF THE PATHER PATHER	Secondary (Doration) (Signed) (Signed)
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Queen Ocean Co MS	*State the DISEASE CAUSING DEATH OF IN deaths from Williams
PARE	12 MAIDEN NAME Namie Draper	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14	13 BIRTHPLACE OF MOTHER (State or country) Deut M THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Af place in the of deathyrs,mosds. Stateyrs,mosds Where was disease contracted,
	(Interment) Mrs Redon Brahajo	If not at place of death?————————————————————————————————————
15	- (Address) Mye Mully My	Dentreville My Fish, 1915
FI	191 2 JULA ZWIGHT	You G. Down Cantreville
-)	If more blanks are needed, Modress State Register	trar, E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal medingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (c. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic "Contributory." dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," cause for



RECORD

PERMANENT

A

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	INK-THIS
	UNFADING
	WITH
	PLAINLY.
	WRITE
V. S. No. 1.	

	2333
1 PLACE OF DEATH	STATE OF MARYLAND
County Succes and	CERTIFICATE OF DEATH
	Registration Dist, No. 254
Village or City Keny Com (No	St.; Ward) [If death occurred in a hospital or institution, give its HAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mah While (Write the word)	16 DATE OF DEATH La S (Month) (Day (Year)
6 DATE OF BIRTH Lan 24- 1911-	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h hm alive on felly - 6 ,1913
7 AGE I! LESS than 1 day,	and that death occurred on the date stated above, at 11 45-6, m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Cardiac artheria (Buration) yrs mos /3 ds Contributory Least Larlina
10 NAME OF FATHER DY Callin	Secondary (Darding) yrs mos ds (Signed) M. D
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted,
(Informant) Am Blunh	If not at piace of death?————————————————————————————————————
(Address) Sunashun m	Pergeone In a 2/9
Filed Jele 7 181/5 / Callbornon	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fieation as Day laborer, Farm laborer, Laborer-Coal CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatie), "Atrophy," ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUIGIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichaeete, when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (seeondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

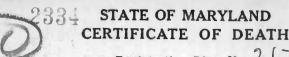


WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3 5 6 7 , 8 9

1 DI ACE OF DEATH



LAGE OF BEATH	OOT STATE OF MARTLAND
course Unicondinia	CERTIFICATE OF DEATH
County Mullimute	Registration Dist. No. 2 J 3
V Atania and lo	"Tif death occurred in
Village or City (No	St.; Ward) a hospital or institution,
I III	give its NAME instead et street and eumber.]
FULL NAME TO COLUMN	of Chaule
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 CEY 4 COLOR OR PACE 5 SINGLE, 1	18 DATE OF DEATH
WIDOWED. MALACA W	(Month) (Day) (Year)
Wall While (Write the word)	17 HEREBY CERTIFY. That I attended deceased from
S DATE OF BIRTH	74/4/9 1910, to 5/4/47 , 191 5
17,1545	that I last saw hour alive on TWAN 1915
(Month) (Day) (Year) 7 AGE If LESS than	\ \u.\
1 day,hrs.	and that death occurred on the date stated sbow, at
yrsmosds, ORmin. ?	The CAUSE OF DEATH* was ss follows:
BOCCUPATION	toute Bustata
(a) Trade, profession, er Wheelensch	
(b) General nature of Industry,	Λ
business, or establishment in which employed (or employer)	Couration yrs. mos ds.
9 BIRTHPLACE	Gontributory (Secondary)
(State or country)	
10 NAME ON	1010 600.10
FATHER DOWN Crouch	(Signed) M. D.
O 11 BIRTHPLACE OF FATHER	18,191 (Address) Styrussellill
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
	TAL, SUICIDAL, OF HOMICIDAL.
13 appropriate	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.
14THE ABOVE IS TRUE TO THE BEST OF MY WOWLEDGE	Where was disease contracted,
Maril Walanter Company	if not at place of death?
(Informant)	usual residence
(Address) Dewnworth Well	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 0A 01 A 0 A	Stevenwille and 936, 19, 1916
Filed Fet 18 1815 File Lomas	20 UNDERTAKER A ADDRESS
Local REGISTRAR	Horah W. Ligg Stevensvolle mi

If more blanks are needed, address Stata Registrar, 6 E. Franklin St., Balto., Requesting N. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement tion is very important, so that the relative Lealthfulwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons -Coal

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinospical desired in the desired carcinospical control of the death of the dea

childbirth or miscarriage. as "Purperal scpticharmus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the -Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maily ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. oma. Surcoma. etc., of ... The contributory tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



V. S. No. 1.

N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	e instructions on back of certificate.
N. B.—Every item of information should be carefully	should state CAUSE OF DEATH in plain term	OCCUPATION is very important. See instructions on back of certificate.

11		(D.	
1		1 PLACE OF DEATH	2335 STATE OF MARYLAND
N	0	June Chine	CERTIFICATE OF DEATH
	Cou	my constant	2,57/
			Registration Dist. No. 25
1	Villa	ge or City / Juries arele (No.	St.; Ward) [If death occurred in
	•	OH PR	a hospital or institution, give its NAME instead
		² FULL NAME CHUME de loy	Source of street and number.]
			MEDICAL CERTIFICATE OF PEATIL
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SE	X 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED	16 DATE OF DEATH FL 19-, 1915
5		OR DIVORCED (Write the word)	(Month) (Day) (Year)
3	6 D/	TE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
		may -18 - 1918	, 1917, to 7, 1910,
3	1 march	(Month) (Day) (Year)	that I last saw h M alive on 1915,
	7 AC		and that death occurred on the date stated above, at
5	yrs // mos ds OR min.?		The CAUSE OF DEATH * was as follows:
	8 0	CCUPATION	
0	. (a) Trade, profession, or tricular kind of work	C Pub/0005C
2	20 (I) General nature of Industry	-
3 4	bt	islaess, or establishment in a control of the months of th	(Ouration) yrs mos ds.
10		IRTHPLACE (1	Contributory Worthageal Muchure.
		(State or country) There We W. My	Secondary
0		10 NAME OF O 1 SAL O	A the App of the Most of the App
∥ن	FATHER John M. Davis	(Signed) , M. C.	
100	TS	OF FATHER OF STATE OF THE COMME COMME COMME	(Address) Curvuru / 1913 (Address)
2	RENT	(State of Country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
	PAH	12 MAIOEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
2	ш	13 BIRTHPLACE	OR RECENT RESIDENTS
2		OF MOTHER (State or country) Luce Click & Mu	At place in the of deathyrsmosds. State,yrsmosds.
	14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
2		1 m Anni	Former or
2		(Informant)	usual residence
3		(Address) Cuity is will m	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
3	15	a 12 At 11 W. Idein	Deutreville ma 2-20-, 1915
	FI	ed 2 - / 9 -, 1915 / Jack 18. War 1800	20 UNDERTAKER AOORESS
	1	AREGISTRAR	Most . M. adries Centralle mi

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook employed, as At school or At hame. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Gracery; (a) Foreman, (b) Autocian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, prespective of age tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tubercubosis of lungs, menin-

SUICIDAL, OF HOMICIDAL, OF As prabobly such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart discose; Chronic interstilial ges, peritonneum, etc., Carcinoma, Sarcoma, etc., of . . on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Paisoned by carbolic acid-probably Struck "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenperal septicharmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracınia," "Weakness," "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, ctc. The contributory (secondary or interem-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) by railway train-accident; Revolver State cause for which Never report mere (Recommendations punon



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PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT EXACTLY. Stated classified. should properly AG INK carefully supplied. may be UNFADING certificate. that It 80 90 pe on back terms, pinous plain Instructions Information 5 DEATH WRITE See 0 Every Item CAUSE OF Important, S

state

1 PLACE OF DEATH		STATE OF MARY	LAND
County Lecus anno	77 2336	CERTIFICATE OF	DEAT
<u> </u>	(60)	Registration Dist.	No. 2
Village or City Carmedua (No.		St:Ward)	[If dea

th occurred is

a hospital or institution, give Its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX LOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. naue 1 WIDOWED. ORDIVORCED (Month) (Day I HEREBY CERTIFY, That I OF BIRTH Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH* was as follows: OR 7 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death State _____ yrs _____ yrs. ____ mos. .. Where was disease contracted. If not at place of death? Fermer or usual residence DATE OF BURIAL 15 1912 ADDRES

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speetit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same decepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL positionitis," etc. State cause for childbirth or miscarriage as "Puerperal schichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," ture of the American Medleal Association.) scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.;



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V. S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT AGE should be stated EXACTLY. may be properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS A carefully supplied. DEATH in pialn terms, so See instructions on back of of Information should be CAUSE OF Important, N. B.

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ACE OF DEATH	
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PERSONAL AND STATISTICAL PARTICULARS



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

-Ward)

MEDICAL CERTIFICATE OF DEATH

Ilf death occurred in a hospital or institution, give its NAME instead of street and number.]

Male Colored Single, Married, Widower, Willower, Orbivorced (Write the word)	16 DATE OF DEATH (Month) (Day (Year)		
6 DATE OF BIRTH June 3 , 1849. (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Fiel 5 , 1915, to Fib. 8 , 1915, that I last saw h was alive on Feb. 1910		
7 AGE 6 byrs 8 mos 5 ds OR min.?	and that death occurred on the date stated above, at 10,35 Pm. The CAUSE OF DEATH* was as follows: Securifle gran		
(a) Trade, profession, or homesty of sorful	of Ragur ade,		
(b) General nature of Indostry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Dor Churley Co. Und.	(Doration) yrs. mos. 3 ds. Contributory Herbary Syphials Secondary Second		
10 NAME OF Grabald & Eurnels 11 BIRTHPLACE OF FATHER (State or country) 22 MAIDEN NAME 12 MAIDEN NAME 10 NAME OF Chabald & Eurnels 11 BIRTHPLACE OF FATHER (State or country) 24 MAIDEN NAME 12 MAIDEN NAME	(Signed)		
OF MOTHER Curry Mutched 13 BIRTHPLACE OF MOTHER (State or country) Med,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds		
(Informant) Colar Charl	Where was disease contracted, If not at place of death? Former or osual residence. 19 PLACEOF BURIAL OR REMOVAL DATE OF BURIAL		
Filed 2/10 ,1915 - Intelletonor	Potto, and 2-12-1915		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation hus of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cangenital," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asinjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for ehildbirth or miscarriage as "Puerperal septichaecause. etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-".Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Measics (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



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WRITE

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX DATE OF BIRTH (Month) 7 AGE

BOCCUPATION

(a) Trade, profession, or

particular kind of work

(b) General nature of industry,

business, or establishment in

which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

OF MOTHER

OF FATHER (State or country)

	Mary Parket			
á	-		CA	
- (10000		X	
- 1		3100	0	d
+3	-	-	The state of the s	

(Year)

If LESS than

1 dayhrs.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(No.

5 SINGLE, MARRIED.

WIDOWED, OR OLVORCED (Write the word)

(Day

233 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ilf death occurred in

744

~	Herrick Ward)	give its	ai or institution, NAME Instead and nomber.]	
	MEDICAL CERTIFICATE OF DEATH			
	16 DATE OF DEATH LUC.	3 -	. 1915	
	(Month)	(Day	(Year)	
,	17 I HEREBY CERTIFY, That I at	ttended d		
	that I last saw have alive on Trby	3	, اوا ,	
	and that death occurred on the date stated at		_	
	The CAUSE OF DEATH* was as follows:	ove, 2t		
		1 .		
ı	Subrecula	re		
		****************	******************	
	Contributory (Doration)			
ı	Secondary		T	
	(Deration)			
1	(Signed)		, M. D.	
1	Trby 3/, 191 5 (Address) Julies	sell	emin	
	*Synte the Disease Causing Death, or, in Causes, state (1) Means of Injury; and TAL, SUICIDAL, or HOMICIDAL.			
2	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS)	STITUTION	TRANSIENTS,	
	At place in the			
-	of death yrs mos ds. State Where was disease contracted.	. yrs	. mos ds	
	If not at place of death?	**************		
4	Former or usual residence			
		PATE OF	BURIAL 191	
		DDRESS	rile,	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuleated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canete., when a definite disease can be ascertained as the inus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (seeondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eause of death approved by Committee on Nomenela injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puenderal peritonitis," etc. State cause for childbirth or misearriage as "Puerreral septichaccause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; Never report



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RECORD PERMANENT UNFADING INK-THIS AGE

PHYSICIANS should state of OCCUPATION Is very Instructions

CAUSE OF Important.

1 PLACE OF DEATH	23
County Juleu Claul	Ton
0	(74)
Village or City Welleslower (No.	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 25

St.;....Ward)

[It death occurred in a hospital or Institution, give its NAME instead

FULL NAME (SSE Green	of street and numbor.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mall Great (Write the word)	16 DATE OF DEATH A LILICATED 1915 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h. Malive on 1915,
7 AGE It LESS than 1 dayhrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Buration) / yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	Contributory Secondary (Boration) (Signed) (Signed) (Address) (Boration) (Boration) (Signed) (Address)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sugar Marline	of death yrs mos ds. State yrs mos ds Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Mo Whoven	19 PLACE OF BURIAL OR REMOVAL St Geles Church 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerpenal septichaecause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Mcastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 2 1915 BUREAU V.S.

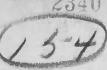
PHYSICIANS should state of OCCUPATION Is very RECORD PERMANENT e carcfully supplied. AGE should be stated EXACTLY. so that it may be properly classified. Exact statement UNFADING INK-THIS IS See instructions on back of certificate. WRITE PLAINLY, WITH N. B.-Every item of information should be CAUSE OF DEATH in plain terms, s

No. 1. 20

Important.

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County Queen ame



STATE OF MARYLAND CERTIFICATE OF DEATH

9 1-3

		Registration Dist, No.
Vil	lage or City Chester (No.,	St.;Ward) [If death occurred in a hospital or institution,
	FULL NAME Cobecca	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex 4 color or race 5 single, married wilower, write word)	(Month) (Day (Year)
6 p	(Month) (D/y (Year)	that I last saw her allve on Febru 9, 1915,
7 A		and that death occurred on the date stated above, atm,
	yrs	The CAUSE OF DEATH* was as follows:
(a pa	CCUPATION) Trade, profession, or ricular kind of work	The price disease
bus	General nature of industry, iness, or establishment in	(Duration) yrs mos ds.
	RTHPLACE (State or country)	Contributory Greedise less of
	10 NAME OF M H Pobinson	(Signed) (Signed) (Signed) M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Paroline Co,	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL OF HOMEON OF THE STATE OF
PAR	12 MAIDEN NAME OF MOTHER MAKENOWN	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
	13 BIRTHPLACE OF MOTHER (State or country) MRNonon	At place in the of death yrs mos ds. State yrs mos ds
	(Informant) As Cland Collini	Where was disease contracted, If not at place of death? Former or usual residence
15	(Address) Carelina Coura Ma	PRIACE OF BURIAL OR REMOVAL DATE OF BURIAL REMITTELLE MA TEL , 1915.
FI	80 El 1915 Local REGISTRAR	Frank C. Thomas Stevensvill
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation has "Foreman,"

Statement of cause of death—Name, first, the Insease causing nearly (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death). 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head of (Recommendations on statement of For vio-



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state VELY PHYSICIANS should of OCCUPATION IS RECORD statement classified. properly supplied. pe UNFADING may carefully that 80 should plain See instructions Information 5 74 DEATH OF mportant. Every

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred inWard) a hospital or institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 16 DATE OF DEAT 4 COLOR OR RACE 5 SINGLE. MARRIEO. 1910 WIDOWED, (Month) (Day (Year) (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows:min. ? BOCCUPATION (a) Trado, profession, or particular kind of work. (5) General nature of Industry, business, or establishment la which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) ARENT (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place OF MOTHER (State or country Where was disease contracted 14 THE ABOVE IS TRUE If not at place of death? Former or usual residence. OF BURIAL OR REMOVAL OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal septichaceause. Always qualify all diseases resulting from etc., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convnisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated nuless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Mousles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Sudlemille	Registration Dist, No. 250 St.: Ward) headth occurred in
FULL NAME Edward LO	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mail White Single, Married, Wisowes, Orbivorces Orbivorces (Write the word)	16 DATE OF DEATH Fib. 1915 (Month) (Day (Year)
Sefet. 24, 1853 (Month) (Day (Year)	I HEREBY CERTIFY. That I affended deceased from 10 1915, to 1915 that I last saw has slive on 1915
7 AGE 3 / yrs	and that death occurred on the date stated above, st 4 m The CAUSE OF DEATH * was ss follows:
(a) Trade, protession, or ligary Imakes particular kind of work (b) General nature of Indostry, business, or establishment in	
which employed (or employar) BIRTHPLACE (State or country)	ContributorySecondary
10 NAME OF Charles & Riesling	(Signed) (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country) Une Sensoure 12 Maiden Name OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Unknown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Millington Who	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 21 21 21 21 21 21 21 21 21 21 21 21 21
Filed	20 UNDERTAKER MILL MILLINGTON
If more blanks are needed, address State Regi	strar, b E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fleation as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemi corpospinal meningitis"); Diphtheria (avoid disease) "Croup";) Typhoid fever there report "Typhonym pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified sindefinite): Tuberculcisis of lungs, meninges ritonaeum, etc., Carcin

childbirth or miscarriage as "Puerperal septichacsepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Puerreral peritonitis," etc. State cause for mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



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PHYSICIANS should of OCCUPATION IS classified. properly supplied pe may that It 9 50 terms, n back 50 plain EATH in plain See PO Every item CAUSE OF important.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in St .: Ward) (No..... a hospital or Institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S.SHWELE, SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) (Year) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 1854 (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ------Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. __ State Where was disease contracted. If not at place of death? Former or (Intermant) usual residence DATE OF BURIAL (Address): 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklis St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—Name, first, the dibease causing death—Name, first, the dibease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dibeaumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septichoretc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) "Contributory." such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chroniu oma. Surcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can Examples: For vio-



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PHYSICIANS should of OCCUPATION IS classified. properly supplied. pe may 80 90 terms, piain = EATH DE Hem . Every item CAUSE OF Important. m.

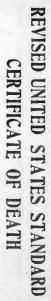
STATE OF MARYLAND PLACE OF DEATH County Leven anne CERTIFICATE OF DEATH Registration Dist. No. Village or City Near Church Hill fit death occurred in St :----Ward) a hospital or institution. give its NAME lostead lary loothern Mi Clair of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, MARRILL WIDDWED. (Month) (Day) ORDIVERCED I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at t day.hrs. The CAUSE OF DEATH* was as follows. BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _ yrs. mus. ds. State yrs, ____ mos. ___ ds. Where was disease contracted. It not at place of death? Former or usual residence QR REMOVAL DATE OF BURIAL (Address) 15 191.0.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as cases, especially in industrial employments, it is nec-Statement of occupation-Precise statement of occupa-If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinoscias

LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "PUERPERAL septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," Hart failure," "Haemorrhage," "Inanition," "Maras cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." Bronchopneumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of __ The contributory (secondary or intercurrent) (Recommendations on statement of ... (name origin; "Can State cause for Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PHYSICIANS should state of OCCUPATION is very

Exact statement

carefully supplied. AGE should be stated EXACTLY.

may be properly classified.

so that It

See instructions on back of certificate.

Important.

B.—Every item of information should be CAUSE OF DEATH in plain terms, so

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RECORD

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Regi	istra	tion	Dist.	No.

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

* FULL NAME Hunny Massey	Village or City Judles Swille	(No,	St.;Ward)
	FULL NAME HENRY	Mass	

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	The state of the s
(Month) (Day) (Year)	that I last saw h allvc on
7 AGE Oue Least 1 day,hrs. ORmin. ?	The GAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	eyenasis)
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds
9 BIRTHPLACE (State or country) June Canal New	(Secondary) (Doration) yrs
10 NAME OF FATHER Medford leave	(Signed) J.C. Smith, M. D. 2 - 3 -, 191. 6. (Address) Leaghbuille May
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER Grate Wassey 13 BIRTHPLACE OF MOTHER (State or country) Mel.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
(Informant) I grace Massey	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Judlus ville Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2/5

REGISTRAR

if more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

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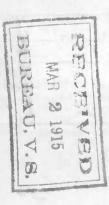
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulessary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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RECORD

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 25'4

I HEREBY CERTIFY, That I attended deceased from

St :----Ward)

MEDICAL CERTIFICATE OF DEATH

(Month)

lif death occurred in a hospital or institution. give its NAME Instead of street and number.]

(Day

2FULL NAME

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work

State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country

(Address).

OF MOTHER

(b) General nature of industry.

business, or establishment in

which employed (or employer)

7 AGE

PERSONAL AND STATISTICAL PARTICULARS

(Month)

5 SINGLE,

MARRIED WIDOWED,

ORDIVORCED (Write the word)

(Dav

4 COLOR OR RACE

16 DATE OF DEATH (Year) If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ?

> Contributory Secondary

(Duration)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

OR RECENT RESIDENTS) At place	In the	
of death yrs mos ds.	State yrs, mos d	2
Where was disease contracted, If not at place of death?	,	
Former or		
usual residence		
19 PLACE OF BURIAL OR REMOVA	L DATE OF BURIAL	
Me. hade h	7/17- 1016	

Mis	hede	24-
20 UNDERTA	KER	1100

1912 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciit should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 2 1915
BURLLAU, V.S.

V. S. No. 1.

C	ounty Gum Come Co	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 250
V	illage or City Sudbranky my (No. Ph	St; Ward) [If death occurred in a hospital or institution give its NAME instead
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	Temah 4 COLOR OR RACE 5 SINGLE, MARRIED, While on Divorces (Write the word)	18 DATE OF DEATH (Month) (Month) (Year) 17 [HEREBY CERTIFY. That I attended deceased from
6 D	May 3, 1.9.12 (Month) (Day) (Year)	Jan 29 1915, to For 19 1915 that I last saw h 12 alive on Fret 18 ,1915
7 A	GE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 5 m, The CAUSE OF DEATH* was as follows: Tuhranla Manuagan
bus wh	rticular kind of work General nature of industry, ilenss, or establishment in ich employed (or employer) IRTHPLACE tate or country) Grunn Grunn	(Duration) yrs. mos. 2.1. ds. Contributory (Secondary) (Ouration) yrs. mos. ds.
TS	10 NAME OF FATHER Flitchen of Philips 11 BIRTHPLACE OF FATHER OF FATHER	(Signed) & Mulcalfe, M. D. Feb 30, 1915 (Address) Swellinsvilly med
PARENTS	11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER Lilly Minile 13 BIRTHPLACE	
PARENT	11 BIRTHPLACE OFFATHER (State of country) 12 MAIDEN NAME OF MOTHER Lilly Minile	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease time and causation), using always the same accepted term for the same disease. Fixamples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial ncphritis Accidental drowning; Struck by railway train-acct-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-For vio-



PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. 02

-	1 PLACE OF DEATH	2348 STATE OF MARYLAND
	unty rees almosto (13	CERTIFICATE OF DEATH
Col	unty Caracter 5	Registration Dist. No. 253
Vill	1age or City Stevensville (No. ,)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) ATE OF BIRTH Sept 1914	16 DATE OF DEATH (Morth) (Day (Year) 17 HEREBY CERTIFY, That I attended descased from 191.5,
7 AC	(Month) (Day (Year)'	that Last saw h. L.A. alive on
	1 day,hrs.	and that death occurred on the date stated spove, at
(a) par	OCCUPATION OT THE PROPERTY OF THE STATE OF T	Marionus
bus	General nature of Industry, iness, or establishment in ich employed (or employer)	(Duration) yrsmos, ds.
	RTHPLACE (State or country) Lew Jaland Md.	Contributory Secondary A COuration as mos ds.
	10 NAME OF Churles Robinson	(Signed) UO 6 My M. D.
ARENTS	OF FATHER (State or country) Cent Schund, Mid	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAR	of Mother many high	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) Sent Soland Mo	Af place In the of death yrs mos ds. State yrs mos ds
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not at place of death?
	(Informant) Apples Of Dungon	Former or usual residence
15	(Address) Selvernaville, ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	ed Feb. /7, 1912 F. C. Shit Mass Son REGISTRAR	29 UNDERTAKER JADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

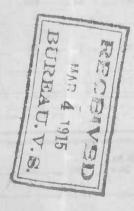
[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At sellool or At home. Care additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfuleated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronie affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origiu; "Canmia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichae ample: Measies (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senfle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report For vio-



PHYSICIANS should state of OCCUPATION Is very RECORD that it may be properly classified. Exact statement PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH of information should be

See instructions on back of certificate.

CAUSE OF Important.

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist. No. 25 3
Village or City Chester (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH February (Monyh) (Day (Year)
DATE OF BIRTH (Month) (Day (Year)	that I last saw h MM alive on Toly 9 9 1915
7 AGE If LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows?
a) Trade, profession, or particular kind of work	Boul 3 yrs mos ds.
9 BIRTHPLACE (State or country) Berlin, Germany	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER John Schulz	(Signed) Progress Heneusville Pul
OF FATHER (State or country) Berlin Germany 12 MAIDEN NAME OF MOTHER OF	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Germann	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Scar Schools	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Chester and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10 VENSVILLE COLLEGY TEST 22, 1911 -

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At sehool or At home. Care "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question cated thus: CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the INSEASE CAUSING REATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sareoma, etc., of...... (name origin; "Canchildbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT NEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of "Exhaustion,"



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	,	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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-		CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.
V. S. No. 1.		A SE
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Village or Chy Line (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 25-4 St.; Ward) [It death occurred in a hospital or Institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE,	MEDICAL CERTIFICATE OF DEATH
MARRIED WIDOWED, OR DIVERGED WORD, OR DIVERGED W	(Month) (Day (Year) 17 I bEREBY CERTIFY, That attended deceased from 1915, to 2 1915 that I last saw h. M. alive on 1915 and that death occurred on the date stated above, at 4.304 m.
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	(Duration) yrs mos ds. Gontributory Secondary (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) Many Jany	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. *Blength of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the oi death yrs. mos. ds. State yrs. mos. ds
(Interment) (Address) (Address) (Address) 16 Filed 2/2/, 1315 - Melle Corrections 25% Registrar	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Norm

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perifonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERITERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scutichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avold use of "Tumor" for mallsoma, Sarcoma, etc., of..... (name origin; "Can by carbolic acid—probably suicide. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of The nature of the "Exhaustion,"



No. 1.

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PHYSICIANS should state of OCCUPATION Is very RECORD stated EXACTLY. Exact statement PERMANENT classified. 4 UNFADING INK-THIS IS properly AGE supplied. WRITE PLAINLY, WITH -Every item of information should CAUSE OF DEATH in plain terms See instructions on Important. N. B.

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

15

hat h		STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICU	II ARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE Single, MARRIED, WIDDWED, ORDIVORCED (Write the	Single	16 DATE OF DEATH Feb. 10- , 1975 (Month) (Day (Year)
Month) (Day	, 19'4 (Year)	that I last saw h alive on Feb. 9 to 1915, to 1915, and that death occurred on the date stated above, at 750 H m.
BOCCUPATION (a) Trade, profession, or particular kind of work	1 day,hrs.	Apuble Lobar Premiusura
(b) General nature of industry, business, or establishment in which employed (or employer)	*****************************	(Ouration) yrs mos 3 ds.
9 BIRTHPLACE (State or country) Queen June Co. 10 NAME OF FATHER William Scott 11 BIRTHPLACE OF FATHER (State or country) Many L. L. 12 MAIDEN NAME OF MOTHER Carrie Wills	hul-	(Signed)

18 LENGTH OF RESIDENCE (FOR H	SPITALS, INS	TITUTIONS,	TRANSIEN	T
At place of death yrs mos	ds.	In the State	yrs,	mos.	d

Where was disease contracted, If not at place of death?

usual residence

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The pature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of State cause for Never report For vio-



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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1 PLACE OF DEATH

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2352 (No.....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.St.;.....Ward)

[It death occurred in a hospital or Institution,

ADDRESS

FULL NAME Clara Sevey	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewele Coloror RAGE Single, Willow Willow Color Or RAGE (Write the word)	16 DATE OF DEATH (Month) (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
** DATE OF BIRTH Down (Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin.?	that I last saw her allve on Feb. 5
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Zueen Quie Co- Ind-	Julestine Obstruction — (Duraflon) — yrs — mos 3 ds Contributory — Secondary
10 NAME OF FATHER John Burkell 11 BIRTHPLACE OF FATHER (State or country) M. d.: 12 Maiden NAME 12 Mother OF Mother Management (State or Country)	(Signed) N - Jeling Fisher , M. D Feb. 7 , 1915 (Address) Centrevelle he d *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) In dn 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Johns Seney (Son).	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the about of death yrs. 8 mos. ds. State 8.0 yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence. Puce Sta Mod
(Address) Wilm Alel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Filey 9 th 1915

20 UNDERTAKER

If more blanks are needed, address State Registmar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of State cause for Never peport For vio-



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED, (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ------Contributory..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR REGENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. State Where was disease contracted. if not at place of death? Former or usual residance (Address) 15 20 UNDERTAKER

Fif death occurred in

a hospital or institution,

give its NAME instead of street and number. 1

(Day)

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

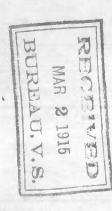


[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. mant neoplasms); Measles; Whooping cough; Chronical eer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," Examples: For VIO



V. S. No. 1.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.	No
St.;Ward)	[If death occurred I

give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Write Single, Willow Windows, Orbivorcto (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended decreased from
(Month) (Day (Year)	mener bodys of to clocease d 191.
TAGE If LESS than t day,hrs. OCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at / p.m. The CAUSE OF DEATH* was as follows: Don't know Grobolly acut ladjection
(b) General nature of industry, business, or establishment in which employed (or employer)	Don't know (Probably a few min who (Duration) yrs mos s.
10 NAME OF FATHER U A A A	Gontributory South Rhow Marly Heart Julian Secondary Secondary Ouration yrs mos is. (Signed) , y. D.
11 BIRTHPLACE OF FATHER (State or country) In cherter 12 MAIDEN NAME OF MOTHER 2 To the state of the state	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) & noherter (s. M) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos, ds. Where was disease contracted, If not at place of death?
(Informant) & Meline (Address) Hinchles Min	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 7-15- 1915- Miles Comme	20 UNDERTAKER ADDRESS ADDRESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iddefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichacetc., when a dcfinite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 2 1915
BURDAU, V.S.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD

V. S. No. 1.

	1 PLACE OF DEATH unty Julia Association of Parish Starry No. 2 FULL NAME David	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25 St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; Ward) If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male White Marrie (Write the word)	16 DATE OF DEATH Jale 1 2 9 , 1912 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914, to Jale 28 , 1914
7 A C	(Month) (Day (Year) (I LESS than	that I last saw how alive on 7 2 lig 2 4 , 1915. and that death occurred on the date stated above, at 2 P m.
	5.2 yrs mos ds. 0R mln.?	The CAUSE OF DEATH * was as follows:
3 par (b) busi while	CCUPATION Trade, profession, or ficular kind of work General nature of industry, ness, or establishmenf in ch employed (or employer) RTHPLACE (State or country)	Contributory Secondary (Buration)
S	10 NAME OF FATHER UNICAGE 11 BIRTHPLACE	(Signed) Miney Harry M. D.
PARENTS	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 0 MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 _T	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) MIN OF MALLER TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death?————————————————————————————————————
16 File	(Address) Fords Store Ind,	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 10 OLD JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every Item of information should be carefully su CAUSE OF DEATH in plain terms, so that it milmortant. See instructions on back of certificate.

Important.

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carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

vi.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 255

St.; Ward)

[It death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
Month) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from Act 19, 1915, to Act 19, 1915, that I last saw here alive on Act 19, 1915.
TAGE ### AGE #### It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, protession, or particular kind of work	(Duration)
9 BIRTHPLACE (State or country) And Del	Contributory Exhaustian Secondary (Duration) yrs mos ds
OF FATHER John Taylor 11 BIRTHPLACE OF FATHER (State or country) 12 Maiden NAME OF MOTHER	(Signed) (Si
of Mother 13 BIRTHPLACE OF MOTHER (State or country) Mohnson 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOBPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
(Informant) Serge Clark (Address) Compton	Former or USUAI residence
Filed Lev 20, 181 Alvary Ofheppard	Counter Tel 31, 1910 20 UNDERTAKER ADDRESS Bradley & Rester Grangton
	trar, 6 E. Franklingt., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulof persous engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, The question "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., Carcin-("Pneumonia." unqualified, is Indefinite): Tubercu-"Croup";) fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secoudary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "Puerperal septichac-Never report

tions answered in detail, it will prevent further correspondthe certificate is If this certificate is looked over thoroughly and all ques-All the ta is essential and must be obtained before



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

PLACE OF DEATH County Jween

2357

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.:

Village or City Charles (No	St.; Ward) St.; Ward) a hospital or institution, give its NAME instesd of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended/deceased from
6 DATE OF BIRTH March 4, 1826 (Month) (Day) (Year)	face 29th, 1915 to fet 1 1915, 1915, that I last saw how allve on face (3) 2 1, 1915
7 AGE 8 yrs. 10 mos. 28 ds. 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 200 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Cla sign Julia derang
(b) General nature of industry, business, or establishmeot in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Mary Cernal	(Secondary) (Duration) yrs a mos ds
10 NAME OF FATHER James Joleon	(Signed) And Routou , M. D. Felt 3 rd , 191 S. (Address) Chronisville , M. D.
OFFATHER (State or country) Mary level 2 MAIDEN NAME OF MOTHER Anne Jardney	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary Canal	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
(Informant) (Informant)	Where was disease contracted, if oot at place of death? Former or usual residence
(Address) Charles, Mg. 15 Filed Leb. 3th, 1915 Fearth C. Shoma	19 PLACE OF BURIAL OR REMOVAL Sevensodle Cemeling 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registra.	r, 6 E. Frankin St., Balto., Acquesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative ..eaithfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal scpticharcause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy." ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maily ture of the American Medical Association.) "Contributory." LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples: For vio-



	<u>0,5</u>		PLACE OF DEATH				
	ild be stated EXACTLY. PHYSICIAN properly classified. Exact statement rtificate.	Coun	y Lun and				
		Villag	je or City Outreville rul No.				
ORD		2 FULL NAME asa Halls					
RECOR			PERSONAL AND STATISTICAL PARTICULARS				
		3 SE	4 COLOR OR RACE 5 SINGLE, MARRIEO, WILOWEO OR DIVORCEO (Write the word) 17				
PERMANENT		6 OA					
IS A	GE Ck o	7 AG	e 93 14 3 It LESS than and 1 day, hrs.				
G INK-THIS	supplied.	B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in					
UNFADING	be ca See	9 BIRTHPLACE (State or country)					
WITH U		10	10 NAME OF STATE OF COMMENTS				
	should EATH i portant.	ENTS	OF FATHER (State or country)				
PLAINLY,	OF C	PAR	12 MAIDEN NAME OF MOTHER DOWN KNAW 19,				
WRITE	US US Is v		13 BIRTHPLACE OF MOTHER (State or country) (I) (State or country)				
WRI	item of in state CA PATION		(Informant) The BEST OF MY KNOWLEDGE IF OUR WISH				
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5. NO. 1	á	15 File	20 2-6-, 191 Moth W. Woder 20				
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL C	ERTIFICATE	OF DEATH	
16 DATE OF GEATH	.2-	6 -	, 1915
17 I HEREBY CERT	(Month)	(Day)	(Year)
Feb. 2" ,18	15 , to Feb		, 191
that I last saw h	ive on Fat	<u>ر چ</u>	, 1915
and that death occurred	on the date s	tated above, s	11/2 30 Pm
The CAUSE OF DEATH	was as follo	ws:	
Thuif	legea		
			•
Contributory Secondary	(Duration)	terstitie he	photi-
Feb. 6 - 1915	(Buralion) Luy Just Address) Cei	itricele	
*State the Disease C Causes, state (1) Means Suicidal or Homicidal.	of Injury; and	(2) whether Acc	DENTAL,
19 LENGTH OF RESIDENCE OR RECENT RESIDENTS)			TRANSIENT
of deathyrsmos Where was disease contracted, If not all place of death?	In the		mos d
Former or usual residence			*
19 PLACE OF BURIAL OR F	EMOVAL	DATE OF BU	RIAL, 191.5.
John W. all	him (ADDRESS	le qu
W Saratoga St., Batto., Requ	esting V. S. No.	1.	

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc.: Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mabile factory. The material worked on may form part mill; (a) Salesman, (b) (rovery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever If the occupation has been changed At home. Care should be

Statement of Cause of Death—Name, first, the disease causing nearh (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia," nenin-unqualified, is indefinite); Tuberculosis of lungs, menin-

chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valualar heart disease; Chronic interstitial on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, to determine definitely. Examples: Accidental drowning; SUICIDAL, or nomicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Ura mia," "Weakness, "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably or miscarriage as "Puerpenal septichaemia," by railway train-accident; Revolver wound of "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-State cause for which "Atrophy," (Recommendations

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 4 1915



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pinoda OCCUPATION PHYSICIANS RECORD 50 statement PERMANENT EXACTLY. Exact classified. pe pluoda properly INK pe supplied. UNFADING may certificate. that 80 90 back terms, 60 plain Instructions 5 of Inform DEATH WRITE OF mportant. CAUSE

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. IN death occurred inWard) a hospital or Institution, give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Year) I HEREBY CERTIFY, That I attended deceased from Month' (Day TAGE If LESS than and that death occurred on the date stated above, a 1 day,....hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration which employed (or employer) Contributory Secondary 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death _____ yrs. ____ mos. __ _ ds. State Where was disease contracted. THE ABOVE KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) -----15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

APDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite safary), may be entered as dnties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various parsuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) ³Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

eer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal schichaccause. Always qualify all diseases resulting from cte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senite," etc.), "Dropsy," "Exhaustion," "Coflapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which sprgical operation was undertaken. Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tctanus) may be stated under the head of For Vio-



state

1 PLACE OF DEATH

should is Registration Dist. No. ATION It death occurred in St .:....Ward) a hospital or institution, RECORD give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWEO. (Month) (Year) (Day ORDIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) Day 7 AGE It LESS than and that death occurred on the date stated above, at 10 4 m. 1 dayhrs. OR min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. pe suppli business, or establishment in which employed (or employer) certificate. BIRTHPLACE Contributory Secondary (State or country nar 10 NAME OF FATHER 0 back 11 BIRTHPLACE terms, , 191 (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 0 12 MAIDEN NAME instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) _ 13 BIRTHPLACE At place OF MOTHER (State or country) DEATH of death yrs. mos. ... State _____ yrs, ____ mos. __ _ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE See if not at placa of death? ō OF (informant). Every item CAUSE OF Important. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS m REGISTRAD If more blanks are needed, address State Registrar, 6 D. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

8

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated this: Farmer (retired 6 yrs.) For persons fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Cancause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnrc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convnlsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of sknll, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which snrgical operation was undertaken. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State canse for Never report For vio-



RECORD

mak

CAUSE OF DEATH in plain terms, so that it mail important. See instructions on back of certificate.

m ż

2361
(38)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 252

.St.;.....Ward)

Ilt death occurred in a hospital or institution, give its NAME instead

Village or City hear Centreville

1 PLACE OF DEATH

County Queen Oune

	FULL NAME Joh	m Welson -	ot street and number.]	
	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX Male	4 COLOR OR RAGE	Single, MARRIED, Sungle WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Fol. 1915 (Month) (Day (Year)	
8 DATE OF	lutusun	, 1	that I last saw halive on	
7 AGE	(Month)	(Day (Year) It LESS than 1 day,hrs, ORmin. ?	and that death occurred on the date stated above, at 8 1 m, The CAUSE OF DEATH* was as follows:	
particular ki	rotession, or Janua 1 Induced industry, r establishment in used (or employer)	Jioner -	Tulum my Tuberculous There was he following Gilled to this him and to ferrous him (Duration) yrs 5 mos ds.	
10 NA F/	or eountry) Many ATHER Tom RTHPLACE FFATHER State or country) Many Man	and-	Contributory Secondary (Baration) yrs mos ds. (Signed) W-Jaluny France , M. D. Fish 2 , 1915 (Address) Cauthootic bud *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIT	RTHPLACE FMOTHER State or country) Md	Wilson OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the ot death	
16 Filed	entreview 2 191/5/2	1696 African	Durisvelle Floor Smile 20 UNDERTAKER De Sand Sand Sand Sand Sand Sand Sand Sand	

If more blanks are needed, address State Registra, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Furm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question who have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsious," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sareoma, etc., of..... (name origin; "Canture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabiy which surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head State cause for For vio-

